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Bib Data Sheet

CONFIRMATION NO. 1771

|  |   |                                |   |                                      |
|--|---|--------------------------------|---|--------------------------------------|
| <b>SERIAL NUMBER</b><br>10/056,886   | <b>FILING DATE</b><br>01/25/2002<br><b>RULE</b>   | <b>CLASS</b><br>370            | <b>GROUP ART UNIT</b><br>2661   | <b>ATTORNEY DOCKET NO.</b><br>99-975 |
| <b>APPLICANTS</b><br>Yuri Arutyunov, Barrington, IL;<br>John G. Fijolek, Naperville, IL;<br>Ronald Lee, Northbrook, IL;<br>William Necka, Bloomingdale, IL;  |   |                                |   |                                      |
| ** CONTINUING DATA *****   |   |                                |   |                                      |
| ** FOREIGN APPLICATIONS *****  |   |                                |   |                                      |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 02/27/2002  |   |                                |   |                                      |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   | <b>STATE OR COUNTRY</b><br>IL  | <b>SHEETS DRAWING</b><br>25   | <b>TOTAL CLAIMS</b><br>24            |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |   | <b>INDEPENDENT CLAIMS</b><br>3 |   |                                      |
| <b>ADDRESS</b><br>McDonnell Boehnen Hulbert & Berghoff<br>32nd Floor<br>300 S. Wacker Drive<br>Chicago ,IL 60606   |   |                                |   |                                      |
| <b>TITLE</b><br>System and method for resolving network addressess for network devices on distributed network subnets  |   |                                |   |                                      |
| <b>FILING FEE RECEIVED</b><br>812  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |